

OCT 25 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Like Registration District No. 689
Township Buffalo Primary Registration District No. 3033
City Louisiana (No. Like Co. Hospital) St. 1 Ward

File No. 35025
Registered No. _____

2. FULL NAME

Harry Harrol Godwin

(a) Residence, No. Louisiana, Mo. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Bridget Godwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Like Co. Missouri

13. NAME Thomas Godwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eliza Harrol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Self - Hospital Record (ADDRESS) Louisiana, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Catharine Cem DATE Sept 27 1937

19. UNDERTAKER W. F. Suda (ADDRESS) Louisiana, Mo.

20. FILED Sept 28 1937 J. H. Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1937 to 9-27 1937

I last saw him alive on 9-27 1937. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis (traumatic) Date of onset _____

Other contributory causes of importance: 156W

Name of operation None Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 9-8 1937

Where did injury occur? Starksville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell from 40 ft ladder
Nature of injury Death - Convulsions

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Fell while working at job

(Signed) J. H. Haley M. D.

(Address) Louisiana Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

